

**Travel Charge Card Program  
Annual Travel Cardholder Training Certification**

**MEMORANDUM**

TO: Charge Card Administration Analyst  
Department of Accounts  
101 N. 14th Street  
Monroe Building - 2nd Floor  
P.O. Box 1971  
Richmond, VA 23218-1971

FROM: \_\_\_\_\_, Travel Card Program Administrator

Agency: \_\_\_\_\_

Agency Number: \_\_\_\_\_

SUBJECT: **Annual Travel Cardholder Training**

I certify that all employees who are travel cardholder's have completed the required 2005 Travel Cardholder Training. I have maintained on file written documentation as proof from these individuals as required. I understand that it is my responsibility to ensure that all new staff who become travel cardholders complete this training.

Number of Cardholders \_\_\_\_\_

Signed by the Travel Card Program Administrator:

Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Please fax completed form to:**

**Attention: Charge Card Administration Analyst at (804) 786-9201**